

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**CERTIFIED INSTRUCTOR for BARBERING,  
COSMETOLOGY/BARBERING, ESTHETICS,  
ELECTROLOGY, or NAIL TECHNOLOGY**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**NOTE: You must hold the professional license and have the necessary training or hours of experience in the profession in which you desire to provide instruction. See “Additional Important Information” below for specific details on qualifying for an instructor license.**

If you qualify for an instructor license, complete the following in addition to a submitting a completed application:

1. If your instructor training was conducted by a Utah school (*barber, cosmetology/barber, esthetics, electrology, or nail technology*), submit a completed “Verification of Graduation” form (*attached to this application*). Request that a school official complete the form and return it to you for submission with your application.

2. If you are applying by experience, submit a completed “Verification of Work Experience” form (*attached to this application*).

Request that the employer(s) complete the form and return it to you for submission with your application.

3. Submit the original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Instructor Examination for the profession in which you are applying for an instructor license. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI.

**OR**

Submit documentation verifying a passing score on the National-Interstate Council of State Boards of Cosmetology Instructor, Inc. (NIC) Examination.

4. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Qualifications for Utah Instructor Licenses:** You must hold the professional license and have the necessary training or hours of experience in the profession in which you desire to provide instruction, as outlined below.

Additionally, to prevent the unnecessary burden of dual-instructor licensure, please note the following:

- If you hold a Utah cosmetologist/barber instructor license **and** a Utah master esthetician license, you may instruct master esthetics without obtaining a Utah esthetics instructor license.
- If you hold a Utah cosmetologist/barber instructor license **and** a Utah electrologist license, you may instruct electrology without obtaining a Utah electrologist instructor license.

**A. Barber Instructor License:**

To Qualify: 1) hold a Utah barber license

2) document 2,000 hours of experience in cosmetology/barbering

**OR**

document completion of a cosmetology/barber school instructor training program consisting of a minimum of 500 hours

- 3) pass the “Utah Cosmetologist/Barber Instructor Licensing Examination (UCBIL) within the period of one year prior to the date of application

You may instruct: - barbering only

**B. Cosmetologist/Barber Instructor License:**

- To Qualify:
- 1) hold a Utah cosmetologist/barber license
  - 2) document 4,000 hours of experience in cosmetology/barbering
- OR**
- document completion of a cosmetology/barber school instructor training program consisting of a minimum of 1,000 hours
- 3) pass the “Utah Cosmetologist/Barber Instructor Licensing Examination (UCBIL) within the period of one year prior to the date of application

You may instruct: - cosmetology/barbering  
- barbering  
- nail technology  
- basic esthetics

**C. Electrologist Instructor License:**

- To Qualify:
- 1) hold a Utah electrology license
  - 2) document 1,000 hours of experience in electrology
- OR**
- document completion of an electrology instructor training program consisting of a minimum of 175 hours
- 3) pass the “Utah Cosmetologist/Barber Instructor Licensing Examination (UCBIL) within the period of one year prior to the date of application

You may instruct: - electrology only

**D. Esthetician Instructor License:**

- To Qualify:
- 1) hold a Utah master esthetician license
  - 2) document 1,000 hours of experience in esthetics
- OR**
- document completion of an esthetics instructor training program consisting of a minimum of 300 hours

- 3) pass the “Utah Cosmetologist/Barber Instructor Licensing Examination (UCBIL) within the period of one year prior to the date of application

You may instruct: - basic esthetics, master esthetics

**E. Nail Technician Instructor License:**

To Qualify: 1) hold a Utah nail technician license

**OR**

hold a Utah cosmetologist/barber license

- 2) document 600 hours of experience in nail technology

**OR**

document completion of a nail technology instructor training program consisting of a minimum of 150 hours

- 3) pass the “Utah Cosmetologist/Barber Instructor Licensing Examination (UCBIL) within the period of one year prior to the date of application

You may instruct: - nail technology only

2. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - ❑ Division of Occupational & Professional Licensing Act
  - ❑ General Rules of the Division of Occupational & Professional Licensing
  - ❑ Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act
  - ❑ Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act Rules
3. **Utah Examinations:** Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the Utah Instructor Examination.
4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
5. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
6. **Temporary License:** The state of Utah does not issue temporary licenses for instructors. You

must obtain your license **prior** to performing any instruction or before you begin your apprenticeship supervision.

7. **License Renewal:** Instructor licenses do not renew; they are valid as long as the licensee maintains an active primary license. NOTE: You must continue to renew your primary license according to the renewal cycle on September 30 of each odd-numbered year.
8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
11. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
12. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For:

☐ Cosmetologist/Barber Instructor License

☐ Nail Technician Instructor License

☐ Barber Instructor License

☐ Electrologist Instructor License

☐ Esthetician Instructor License

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as an instructor in the state of Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EXAMINATION REQUIREMENT: *(within one year prior to the date of application)*

☐ Utah Instructor Licensing Exam Date Passed: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ NIC Instructor Exam Date Passed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **EXPERIENCE REQUIREMENT:**

**\* NOTE:** You may not count any schooling, training, internship, or apprenticeship hours used to obtain initial licensure as part of your hours to meet the experience requirement for an instructor license. The required hours of experience are those completed after obtaining your initial license.

**If applying for a barber instructor license by experience, you must be able to document the completion of 2,000 hours of experience\* in barbering and licensure as a Utah barber.**

Hours of Experience in Barbering: \_\_\_\_\_

Utah Barber License Number: \_\_\_\_\_

**If applying for a cosmetologist/barber instructor license by experience, you must be able to document the completion of 4,000 hours of experience\* in cosmetology/barbering and licensure as a Utah cosmetologist/barber.**

Hours of Experience in Cosmetology/Barbering: \_\_\_\_\_

Utah Cosmetologist/Barber License Number: \_\_\_\_\_

**If applying for an electrologist instructor license by experience, you must be able to document the completion of 1,000 hours of experience\* in electrology and licensure as a Utah electrologist.**

Hours of Experience in Electrology: \_\_\_\_\_

Utah Electrologist License Number: \_\_\_\_\_

**If applying of a nail technician instructor license by experience, you must be able to document the completion of 600 hours of experience\* in nail technology and licensure as a Utah nail technician or licensure as a Utah cosmetologist/barber.**

Hours of Experience in Nail Technology: \_\_\_\_\_

Utah Nail Technician License Number: \_\_\_\_\_

Utah Cosmetologist/Barber License Number: \_\_\_\_\_

**If applying for an esthetician instructor license by experience, you must be able to document completion of 1,000 hours of experience\* in esthetics and licensure as a Master Esthetician.**

Hours of Experience in Esthetics: \_\_\_\_\_

Master Esthetician License Number: \_\_\_\_\_

# CERTIFIED INSTRUCTOR QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## VERIFICATION OF GRADUATION

**TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE BARBER, COSMETOLOGY/BARBER, ELECTROLOGY, ESTHETICS, OR NAIL TECHNOLOGY SCHOOL:**

Name of Student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of School: \_\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Course Completed: \_\_\_\_\_ Instructor \_\_\_\_\_ Other, specify: \_\_\_\_\_

Total Number of Hours Completed: \_\_\_\_\_

I declare that the above named individual has fulfilled the requirements for graduation as a barber, cosmetologist/barber, electrologist, esthetician, or nails technician pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the division or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Name of School Official (*Please Print*): \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)

NOTE: The original copy of this form must be submitted with the application for licensure.

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## VERIFICATION OF WORK EXPERIENCE

### TO BE COMPLETED BY EMPLOYER:

Name of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was applicant's performance satisfactory?

☐ Yes

☐ No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_